
Health and accident insurance for private persons

General provisions for insurance (GP)

This is only a translation. In case of legal disputes, the German version alone is binding.

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Insurance carrier: Sanitas Privatversicherungen AG

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A Provisions applying to all types of policy

A1 What types of insurance does the policy include?

- 1 The contract may include the following insurances:
 - treatment costs
 - hospitalization and health cure allowances
 - loss-of-earnings pension
 - disability lump sum in case of accident
 - death lump sum in case of accident
- 2 **Your policy states which insurances you have concluded as policyholder.**
- 3 Questions relating to all types on insurance are governed in these “Provisions applying to all types of policies” (A); details of the various benefits may be found in the relevant provisions B to F.

A2 Who is insured?

The insured persons are those specified in your policy.

A3 When does your insurance coverage begin and end?

- 1 You are insured as soon as your signed proposal arrives at a Sanitas Service Center, at the earliest, on the date you specified on your proposal.
- 2 Insurance coverage is **provisional** at first and includes the benefits designated in the proposal for the following insurances, in maximum up to the following amounts per person:
 - treatment costs: as per proposal;
 - hospitalization and health cures: as per proposal;
 - loss-of-earnings and disability: aggregate CHF 300 000.–;
 - death: CHF 300 000.–.

There is **no** provisional insurance coverage for:

- illnesses and accidents where the medical treatment was still incomplete at the time of receipt of your proposal;
- illnesses which the insured person already suffered from earlier;
- consequences of accidents that occurred prior to receipt of your proposal.

In all other cases, the provisions of the individual insurances apply.

Provisional insurance coverage **lapses** three days after your receipt of our notification that Sanitas must decline your proposal; at the latest, however, after three months.

Provisional insurance coverage becomes **definite** as soon as Sanitas issues you the policy, at the earliest, however, on the date specified on your policy.

- 3 The policy is automatically extended by one year on the expiration date and following each subsequent insurance year.
- 4 The individual insurance **lapses**:
 - on the death of the relevant insured person;
 - upon attainment of the agreed age up to which Sanitas provides insurance coverage. The date is specified in your policy;
 - with your notice of cancellation in accordance with A 7;
 - in the event of a change in domicile abroad in accordance with A 4.1.

A4 Where are the insurances valid?

- 1 The insurances are valid through out the world. Should the insured person terminate his/her civil domicile in Switzerland, the insurances lapse after six months.
- 2 Any change in domicile must be notified in writing to Sanitas immediately.
- 3 The Principality of Liechtenstein is equated with Switzerland.

A5 What are the terms of premium payment?

- 1 The premium for your policy becomes due on the date specified on your premium account.
- 2 In case of installment payments, the installments of the annual premium which have not yet been paid remain due; the provisions of A 8 remain reserved.

A6 What happens when the rules regarding premiums or deductibles change?

- 1 If the tariff rules concerning premiums or deductibles change, Sanitas may adjust its insurances accordingly.
The new premiums for the insurance of illness are calculated based on the procedure agreed with the Federal Office for Private Insurance in accordance with the business plan submitted.
- 2 Sanitas informs you in writing of a change in premiums or in the rules regarding deductibles. If you do not agree with the new regulation, you may cancel the insurances concerned or the entire contract as of the date of the change. If Sanitas receives no notice of cancellation from you within 30 days, this is considered to be agreement to the new regulation of the insurances.
- 3 As of the January 1 immediately following the attainment of age 20, Sanitas adjusts the insured person's premiums to the adult rate. In addition, it adjusts the premiums for the cumulative disability lump sum to the tariffs for the next higher age group on the January 1 following attainment of age 15 and age 25.
After attainment of age 20, children withdraw from the family policy. However, for as long as the child is unmarried and continues to live in the same household, he/she may remain in the family policy.
- 4 In general, Sanitas determines the premiums on the basis of the civil domicile and taking the occupation of the insured concerned into account. If an insured person changes his/her domicile or occupation, Sanitas must be notified in writing immediately. It may adjust the premiums accordingly as of the time of the adjustment.

A7 What are the terms for cancellation or amendment of the insurances?

- 1 You may cancel the individual insurances for the individual insured persons at the expiration date and at the end of any following insurance year, respecting a period of notice of three months. From this date, the insurances concerned lapse.
If the insured is ill at that time, the benefits lapse after 90 days. If he/she suffers from the effects of an accident, Sanitas continues to pay benefits within the limits of these provisions.
- 2 If the partial cancellation or amendment of your policy results in a correction of rebates or a change in the premiums, Sanitas may adjust the remaining premium accordingly.

- 3 Sanitas waives its right to cancel insurances in case of illness or accident, except in cases of violation of an obligation to inform, abuse of insurance, or attempted abuse of insurance.

A8 When does a claim on refund of premium exist?

- 1 Provided you have paid the premium for a certain insurance period in advance and the contract is canceled before the end of that period for a legal or contractual reason, Sanitas will refund you the premium corresponding to the unexpired portion of the insurance period.
- 2 You will owe us the premium for the current insurance year in its entirety, however, if your contract was in force for less than one year and you caused the cancellation.

A9 Physician, chiropractor; professional discretion

- 1 A physician is considered to be a doctor who is authorized to practice in a canton and who is holder of a Swiss or foreign diploma or, abroad, the holder of an equivalent certificate of competence who is authorized to practice.
- 2 A chiropractor is considered to be a person who is authorized to practice with a certificate of competence which is issued by a canton and recognized by the Swiss Confederation.
- 3 The insured person must release physicians and chiropractors who treat or have treated him/her from professional discretion in relation to Sanitas.

A10 What is the procedure when claiming benefits?

- 1 If an illness or an accident will probably incur benefits
 - suitable **medical treatment** must be obtained as soon as possible. Every insured person is required to submit to an examination by physicians who are appointed by Sanitas. Medical orders are to be complied with;
 - the policyholder or the beneficiary must **notify** Sanitas immediately. **In case of death**, Sanitas must receive notice early enough so that an autopsy may be performed at its own expense before burial or cremation if other causes for death apart from the accident are possible. The beneficiary survivors must give their consent to the autopsy.

2 **If the mandatory obligations with respect to notification or actions** are culpably violated and if the extent or the detection of the consequences of the illness or the accident are affected, Sanitas may reduce the benefits accordingly, unless you or the beneficiary can prove that the action in violation of the contract had no effect on the consequences and detection of the illness or the accident.

3 **Cost voucher**

Upon request, Sanitas will issue a cost voucher within the limits of the insured benefits for an insured person upon admittance to a hospital.

A11 Which benefits are excluded from coverage?

1 Illnesses and accidents resulting from **warlike incidents**. If the insured person is unexpectedly caught at the beginning of these incidents outside Switzerland, the insurance coverage does not lapse until 14 days after their first occurrence, however.

If the insured person is the victim of an **aircraft hijacking**, Sanitas pays full benefits, even if the aircraft is hijacked to a country involved in warlike incidents.

Sanitas pays no benefits if the insured person is the victim of an aircraft hijacking that takes place more than 48 hours after the outbreak of a war

- in which Switzerland or one of its neighboring countries is involved in;
- in which Great Britain, countries in the area of the former Soviet Union in the borders valid as of December 31, 1989, the United States of America, or the People's Republic of China is involved, even if only some of these are involved in a war among themselves or if one of them is involved in a war with a European nation;

2 **Illnesses** resulting from abusive consumption of medications, drugs, and alcohol;

3 **Accidents**

- which occurred prior to acceptance of the proposal, and their consequences;
- connected with service in a foreign army;
- resulting from disturbances of whatever kind, unless it is proven that the insured person was neither an active supporter of the instigators of the disturbance nor took part as an agitator;
- occasioned by the deliberate commission or attempt to commit a crime;
- resulting from participation in races with motor vehicles and power boats and in on-course training runs.

A12 What is considered to be illness, what is considered to be accident?

1 An **illness** is considered to be any health disorder that the insured person involuntarily suffers and that is neither an accident nor a consequence of an accident.

2 Pregnancy and childbirth are equated with illness, provided the mother had been insured under this policy for illness for at least 270 days at the time of birth.

3 An **accident** is considered to be the sudden, unintentional, injurious effect of an unusual external factor on the human body.

4 The following physical injuries are also equated with accidents in the absence of any unusual external effect:

- 41 fractures, where not clearly attributable to an illness;
- 42 dislocations of joints;
- 43 meniscus ruptures;
- 44 muscle ruptures;
- 45 muscle strains;
- 46 tendon ruptures;
- 47 ligament lesions;
- 48 eardrum injuries.

5 The following are also considered to be accidents:

- 51 involuntary inhalation of gases or vapors and inadvertent ingestion of toxic or caustic substances;
- 52 frostbite, heat stroke, and injuries to health resulting from ultra-violet radiation with the exception of sunburn;
- 53 drowning.

6 If the accident is only partially the cause of the incapacity, disability, or death, Sanitas pays only a share of the benefits, assessed on the basis of physician's certificates.

7 Suicide, self-mutilation, and attempts to commit these are only considered to be an accident if, at the time of the act, the insured person was through no fault of his/her own totally incapable of acting reasonably or if the action was the clear consequence of an insured accident; if they are committed in a state of diminished competence, they count as illnesses.

8 Sanitas waives its legal right to reduce benefits if the illness or accident are caused by gross negligence.

A13 Insurance for new-born children

A new-born child may be insured for **treatment costs** from the day of his/her birth regardless of the state of health, provided that you apply for insurance before birth or within 30 days of the birth.

A **special provision** for the insurance of treatment costs as well as for hospitalization and health cures: the unconditional acceptance of the child for health insurance is only possible

- if an equivalent insurance for one of the parents has already been in effect with Sanitas for one year;
- up to the amount of the parents' insured benefits.

A14 To whom should notifications be addressed?

You may legally address all notifications to the Service Center responsible for your policy.

Which legislation exists in addition to these provisions?

A15 Which courts may be appealed to in the event of disputes?

- In addition to these insurance provisions, the Swiss Federal Law concerning insurance contracts applies.
- Suits against Sanitas may be filed with the responsible courts in your Swiss place of domicile or in Zurich.

B Insurance of treatment costs

B1 What are the benefits?

- 1 You may insure the following benefits as the result of illness and accident:
 - treatment costs **during hospitalization** in a semi-private or private ward or during **health cures**
 - treatment costs **during hospitalization** in a semi-private or private ward or **health cures** as well as during **out-patient treatment**.

Illness and accident may also be insured separately.

- 2 You may insure these benefits **as a supplement** to the benefits of a recognized health insurance or of the mandatory accident insurance (UVG/LAA) or cover them in full with Sanitas.

B2 What are the benefits for hospitalization and health cures?

- 1 Sanitas pays the usual local rates or in accordance with the official scales of fees during hospitalization or health cures, provided that at least one (1) day's fee is charged, for all measures, services, and purchases, including those for accommodation, board, and care, as prescribed by a physician, scientifically recognized, and medically necessary.
- 2 A **hospital** is defined to be medically managed or supervised healing institutions, including psychiatric clinics. Your policy specifies whether Sanitas covers the costs for the private or semi-private ward.
- 3 A **health cure** is defined to be in-patient in special medically managed or supervised institutions which specialize in spa, diet, rehabilitation, or convalescence cures.

Sanitas covers the costs, provided that it receives the medical prescription three weeks before beginning the cure and has given its consent.

- 4 When the employment of certified nurses or those provided by an institution shortens a hospitalization or health cure, (**home nursing/spitex**), Sanitas covers the corresponding costs for a maximum of 360 days per illness or accident.

B3 What are the benefits for out-patient treatment?

Sanitas pays the usual local rates or in accordance with the official scales of fees for private patients for out-patient treatment, provided this is completed or prescribed for by a physician or chiropractor, scientifically recognized, and medically necessary.

B4 What are the additional benefits?

- 1 In case of an insured **illness**, Sanitas covers the necessary costs regardless of hospitalization or health cures for
 - 11 dental surgery arising from the illness;
 - 12 medically necessary transport connected with treatment measures, using a suitable means of transport;
 - 13 rental or initial purchase of invalid aids (such as crutches, supports) and the initial purchase of prostheses (excluding tooth prostheses) where these objects are prescribed by a physician;
 - 14 search and rescue operations with the intent of saving or recovering the insured person, up to CHF 20 000.-;
 - 15 rescue operations in favor of the insured person;
 - 16 operations for the recovery and return home of the corpse.
- 2 In case of an insured **accident**, Sanitas pays the necessary costs in accordance with B 4.12–16 regardless of hospitalization and health cures, and in addition,
 - 21 treatment measures due to the accident that are performed or prescribed by a certified dentist. Where conclusive treatment is not possible, Sanitas also pays the anticipated costs for provisional treatment and the definite non-recurring repair of the damaged teeth;
 - 22 the rental or initial purchase of glasses, contact lenses, hearing aids, and orthopedic aids where these objects are prescribed by a physician. The repair or replacement costs (new value) of these and the items listed under B 4.13, provided they were damaged or destroyed on the occasion of an accident necessitating treatment measures;
 - 23 all medically prescribed services from certified personnel or those supplied by an institution during a maximum of 360 days per accident. Sanitas takes the benefits paid in accordance with B 2.4 into account.

What are the additional benefits for out-patient treatment if only hospitalization and health cures are covered?

B5

- 1 As a supplement to the benefits stemming from a recognized health insurance plan or mandatory accident insurance, Sanitas pays the costs incurred outside the canton of residence or abroad for initial out-patient treatment, provided these measures are taken there for emergency reasons and are prescribed by a physician, scientifically recognized, and medically necessary.
- 2 Where a surgical operation is performed on an out-patient basis, Sanitas pays the costs of the operation as well as post-operative observation by the attending physician on the same day, provided that a normally necessary hospitalization can be avoided with this operation. However, Sanitas pays no more than the costs that it would incur by having the same operation performed during a hospitalization in the insured ward. If the treatment is covered under an insurance in accordance with the mandatory accident insurance, Sanitas pays no benefits in this case.

B6 What are the maximum benefits?

- 1 Sanitas covers benefits up to an unlimited amount for ten years, and after this time, up to the amount specified in your policy
 - per illness, from the commencement of treatment by a physician;
 - per accident, from the date of the accident.
- 2 An illness which is medically related to an earlier disease is only considered to be a new illness if the insured person has not had to be treated for that illness by a physician in the intervening twelve months.
- 3 If a person insured for the semi-private ward opts for treatment in a **private** ward, Sanitas will nevertheless pay only the costs of a semiprivate ward. However, if treatment must be completed on the private ward for medical reasons, Sanitas will pay the costs of the private ward.
- 4 The benefits for all health cures necessitated by illness are limited to 120 days within five years, regardless of the number of cases of illness; for convalescence stays, however, the maximum is 30 days within any two year period.

B7 What restrictions exist?

- 1 Sanitas pays no stays in **old persons' homes**.
- 2 If the insured person stays in a **sanatorium for long-term patients** (for example in a nursing home, in a nursing ward in an old peoples' home, or in the geriatric or nursing ward of a hospital), Sanitas only pays the costs of medical treatment, not for accommodation and board, however.
- 3 For **psychotherapy**, Sanitas pays the first CHF 5000.– per illness, less the deductible agreed upon in B8; one-half of all further costs are taken into account for the calculation of the benefits.
- 4 Sanitas pays expenses incurred **abroad** at the usual local rates if the insured person suffers illness or accident there.
- 5 Sanitas pays no benefits with respect to physical defects (e.g. myopia, strabismus, flat feet, cosmetic blemishes) pre-dating the commencement of the insurance.
- 6 Sanitas pays no treatment costs that have been paid by a liable third party or are payable by an insurance prescribed by law. Where Sanitas provides benefits in place of a liable third party, the insured person must cede his/her claims to us to the extent of our benefits.

B8 What deductibles are you required to assume?

1 Your policy specifies whether you are required to pay a deductible.

11 Deductible in case of hospitalization and health cures in accordance with B2 and B5.2

Only for full coverage insurances: the agreed deductible is to be paid in every case of illness or accident.

12 Deductible in case of out-patient treatment in accordance with B3

- for supplementary insurances: percentual deductible
- for full coverage insurances: percentual deductible, but not less than the agreed sum (minimum deductible). For the calculation of the minimum deductible, Sanitas takes the aggregate of all cases of illness with treatment by a physician commencing within one calendar year or all accidents with accident dates within one calendar year into account.

Sanitas levies no deductible on the additional benefits in accordance with B4 and B5.1.

B9 What benefits does Sanitas pay if you have concluded the insurance of treatment costs in addition to a recognized health insurance or to the mandatory accident insurance?

1 If the benefits of the treatment cost insurance are insured as a supplement to a recognized health insurance or to the mandatory accident insurance, Sanitas pays, within the limits of the insured benefits and the provisions of section B, those costs which neither the health insurance in accordance with its statutes and rules nor the accident insurance in accordance with the legal provisions is required to pay.

2 Sanitas does not pay the deductibles, self-pay, and fees of the health insurance or the mandatory accident insurance. In the same way, Sanitas does not cover the share of social security pensions which the health insurance uses to settle the costs of hospitalization; however, Sanitas pays the deduction for board costs made by the mandatory accident insurance.

3 Sanitas pays the benefits in accordance with B4 and B5.1 in full, provided that the health insurance is not required to assume these benefits in accordance with its statutes and rules.

4 If there is no insurance with a recognized health insurance or mandatory accident insurance during illness or at the time of an accident, Sanitas pays **one-half** of the costs incurred within the limits of the insured benefits and the provisions of section B, even if the accidents are generally excluded from the health insurance.

C Insurance of hospitalization and health cures

C1 What are the benefits?

- 1 You may insure the following benefits separately or together in consequence of illnesses and accidents:

- hospitalization and health cure allowance
- hospitalization allowance

Illnesses and accidents may also each be insured separately.

- 2 For each day of hospitalization or health cure stay which is prescribed by a physician and medically necessary, Sanitas pays the hospitalization or health cure allowance specified in your policy.

If the insured person is the head of the household, and if he/she or a child up to 10 years of age is hospitalized, and if other dependents are living in the same household (counting neither the spouse nor children over the age of 15), Sanitas pays double the insured hospitalization allowance for a maximum period of 30 days per illness or accident.

- 3 Hospitalizations and health cure stays are defined in subs. B2.2 and B2.3.

- 4 When the employment of certified nurses or those provided by an institution shortens or eliminates a hospitalization or health cure, (**home nursing/spitex**), Sanitas covers the hospitalization or health cure allowance specified in your policy for a maximum of 360 days per illness or accident.

- 5 If the usage of a **home help** is prescribed by a physician and a hospitalization or health cure is shortened or eliminated, Sanitas pays the hospitalization or health cure allowance specified on your policy for a maximum of 30 days per illness or accident.

Home help is defined to be persons who do the housework for payment in place of the insured person.

C2 What is the duration of the benefits?

- 1 Sanitas pays the insured benefits for an unlimited period of time.

- 2 The benefits for all **health cures** necessitated by illness are limited to 120 days within five years, regardless of the number of cases of illness; for convalescence stays, however, the maximum is 30 days within any two year period.

C3 What restrictions exist?

- 1 Periods of residence in **old peoples' homes** carry no entitlement to benefits.

- 2 Sanitas pays no benefits if the insured person resides in a **sanatorium for long-term patients** (for example, a nursing home, a nursing ward in an old peoples' home, or a geriatric or nursing ward in a hospital).

- 3 Sanitas pays for hospitalization or health cures abroad only if the insured person falls ill or suffers an accident there.

D Loss-of-earnings insurance

D1 What are the benefits?

You may insure the following benefits separately or together:

- Loss-of-earnings pension with duration of benefit limited in days in case of illnesses and accidents; illnesses and accidents may also be insured separately;
- Loss-of-earnings pension with duration of benefit limited to the agreed date in case of accidents.

If an insured person becomes disabled, Sanitas pays the benefit specified in your policy.

D2 Loss-of-earnings pension with duration of benefit limited in days

- 1 If the duration of benefit in your policy is given in days, Sanitas pays the pension per illness or accident for the number of days specified and in any case not beyond the date specified. The duration of benefit is reduced by the waiting period specified in your policy.
- 2 Days of partial disability of at least 25 percent count as full days for the purpose of assessing the duration of benefit.

D3 Loss-of-earnings pension with benefit continuing until the agreed date

If the duration of benefit is not specified in days on your policy, Sanitas pays the pension after the waiting period up to but not beyond the date specified.

D4 When does a pension become due?

If an insured person is at least 25 % disabled, Sanitas pays a pension in accordance with the degree of his/her disability. If the degree of disability is 66 % or more, Sanitas pays the full pension. Sanitas pays **no** pension for a disability of less than 25%.

D5 What is considered to be the waiting period?

- 1 The waiting period commences on the day on which a physician establishes disability, at the earliest, however, seven days before the first medical treatment.
- 2 Days of partial disability of at least 25 percent count as full days for the purpose of assessing the waiting period.

D6 What is considered to be a relapse?

For the purposes of duration of benefit, the reappearance of an illness (relapse) is considered to be a new illness when the insured person had not been disabled by it for a period of twelve months.

D7 How does Sanitas define disability?

- 1 Disability is present if the insured person is temporarily or permanently unable to practice his/her occupation or another form of gainful employment which is suitable for him/her due to an illness or an accident. Another form of employment is considered to be suitable if it takes the insured person's knowledge, skills, and previous position in life into consideration.
- 2 For **persons with earned income**, the degree of disability is determined based on the loss of earnings which the insured person suffers. The income earned before the onset of disability is compared to that which the insured person earns or could reasonably earn afterwards. The difference, expressed as a percentage or a fraction of the previous earned income, yields the degree of disability.
- 3 For **persons with no earned income and children**, the extent by which the activities and sphere of duties of the insured person are curtailed in comparison with the period prior to the onset of disability is determinant.

D8 How is the insured pension paid? What is the procedure if the degree of disability changes?

- 1 If the insured person is disabled, Sanitas pays 1/360 daily or 1/12 monthly of the pension specified in your policy. In case of probable permanent disability, the pension is paid quarterly in advance.
- 2 Changes in the degree of disability must be notified to Sanitas immediately, so that the pensions may be adjusted. Any pensions drawn in excess must be reimbursed to Sanitas. In case of death, it does not request repayment of the pension paid for the current quarter.

D9 Which restrictions apply?

- 1 If the disability is not permanent, Sanitas pays its benefits for **health cures** due to illness (in accordance with B2.3) only for a maximum of 30 days in a two year period and only when the health cures are prescribed by a physician and follow a period of full disability of at least 30 days.
- 2 In case of **pregnancy and childbirth** without complications, Sanitas pays benefits for disability for a maximum of 70 days; if pregnancy disorders and childbirth complications occur, D 1–8 apply.

E Insurance of disability due to accident

E1 What are the benefits?

You may insure the following benefits separately:

- a normal disability sum
- a cumulative disability sum

If an accident leads to probable permanent disability, Sanitas pays the capital specified in your policy in accordance with the degree of disability.

E2 How is the degree of disability determined?

Sanitas pays the following in accordance with the degree of disability:

1 Normal disability lump sum

11 in case of **full** disability, the entire lump sum specified in your policy;

12 in case of **partial** disability, the following percentages of the lump sum specified in your policy:

- **when the loss or loss of use is total:**

- for an arm, in or above the elbow 70%
- for a forearm or a hand 60%
- for a thumb 20%
- for an index finger 10%
- for any other finger 5%
- for a leg, in or above the knee 50%
- for a leg, below the knee 50%
- for a foot 40%
- for sight in both eyes 100%
- for sight in one eye 30%
- for sight in one eye when that in the other eye had already been completely lost prior to the date of the accident 70%
- for hearing in both ears 60%
- for hearing in one ear 15%
- for hearing in one ear when that in the other ear had already been completely lost prior to the date of the accident 45%
- for taste 10%
- for smell 10%
- for the spleen 10%
- for a kidney 20%

- **when loss or loss of use are only partial:**

a correspondingly smaller percentage.

2 Cumulative disability lump sum

21 For full disability, 3.5 times the amount of the lump sum specified in your policy;

22 For partial disability, the percentage is first determined in accordance with E2.1.12. Subsequently, the following table is used to ascertain the compensation in percentages of the insured lump sum:

degree of disability %	sum %						
1	1	26	28	51	105	76	230
2	2	27	31	52	110	77	235
3	3	28	34	53	115	78	240
4	4	29	37	54	120	79	245
5	5	30	40	55	125	80	250
6	6	31	43	56	130	81	255
7	7	32	46	57	135	82	260
8	8	33	49	58	140	83	265
9	9	34	52	59	145	84	270
10	10	35	55	60	150	85	275
11	11	36	58	61	155	86	280
12	12	37	61	62	160	87	285
13	13	38	64	63	165	88	290
14	14	39	67	64	170	89	295
15	15	40	70	65	175	90	300
16	16	41	73	66	180	91	305
17	17	42	76	67	185	92	310
18	18	43	79	68	190	93	315
19	19	44	82	69	195	94	320
20	20	45	85	70	200	95	325
21	21	46	88	71	205	96	330
22	22	47	91	72	210	97	335
23	23	48	94	73	215	98	340
24	24	49	97	74	220	99	345
25	25	50	100	75	225	100	350

- 3 If several parts of the body are affected by the accident, the percentages are added together. The degree of disability may never exceed 100 percent.
- 4 If the insured person was already disabled before the accident, Sanitas pays the difference between the lump sum that would have resulted from the previous degree of disability and the lump sum calculated on the basis of the total extent of disability.
- 5 If the degree of disability cannot be determined in accordance with the principles fixed in E2.1.12, it is established on the basis of the permanent curtailment of physical or mental functions and their repercussions on purely extra-occupational activities and obligations; for **children** who have not yet attained age 20, probable repercussions on their future earning ability are taken into account.
- 6 If the insured person had already **attained age 65 at the time of the accident**, Sanitas pays a pension for life instead of the lump sum. This amounts to CHF 93.– per CHF 1000.– of the disability lump sum. The degree of disability determines the amount.

F Insurance of death due to accident

F1 What are the benefits?

If the accident leads to the death of the insured person, Sanitas pays the lump sum specified in your policy.

F2 Who receives the benefits?

- 1 Sanitas pays the lump sum to the persons which you notify to us in writing as policyholder.

- 2 If you have named no one, the following are considered to be the beneficiaries of the deceased insured person:
 - the spouse
 - if none: the children
 - if none: the parents
 - if none: the brothers and sisters or their children.

- 3 If none of these survivors exist, only burial costs are paid; these are limited to the amount of the lump sum specified in your policy.